

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIAL S	ID NO.	DATE
FEE DETERMINATION	M-F		
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	1/31
FORMALITY REVIEW	<i>[Signature]</i>	535	05-09-01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	1091	8-24-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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5-851
2504/13